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## REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SENATE 09 APR 15 PH 12: 57

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1. NAME OF COMMITTEE (in		AILING LABEL R PRINT \(\psi\)		ple:If typing, ty the lines	/ре	and an analysis of the second		
Friends of Senator Carl Levin								
ADDRESS (number and street) 10 G Street, N.E., Suite 470								
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I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer  Tina Stoll  Signature of Treasurer  Electronically Filed by Tina Stoll  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.								
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